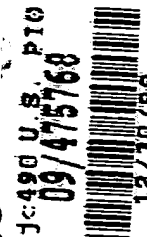


12/30/99



Please type a plus sign (+) inside this box [ + ]

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 03764.P002

Total Pages 5

First Named Inventor or Application Identifier Pinaki Ray

Express Mail Label No. EL431886921US

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, D. C. 20231

#### APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  X  Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2.  X  Specification (Total Pages 38)  
(preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claims
  - Abstract of the Disclosure
3.  X  Drawings(s) (35 USC 113) (Total Sheets 7)
4.  X  Oath or Declaration (Total Pages 5)
  - a.   Newly Executed (Original or Copy)
  - b.   Copy from a Prior Application (37 CFR 1.63(d))  
(for Continuation/Divisional with Box 17 completed) (Note Box 5 below)
  - i.   DELETIONS OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5.   Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6.   Microfiche Computer Program (Appendix)



- (if applicable, all necessary)

a. \_\_\_\_\_ Computer Readable Copy

b. \_\_\_\_\_ Paper Copy (identical to computer copy)

c. \_\_\_\_\_ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- |     |                              |   |
|-----|------------------------------|---|
| 8.  | <u>     </u>                 | Assignment Papers (cover sheet & documents(s))  |
| 9.  | <u>     </u><br><u>X</u>     | a.     37 CFR 3.73(b) Statement (where there is an assignee)<br>b.     Power of Attorney  |
| 10. | <u>     </u>                 | English Translation Document (if applicable)  |
| 11. | <u>     </u><br><u>     </u> | a.     Information Disclosure Statement (IDS)/PTO-1449<br>b.     Copies of IDS Citations  |
| 12. | <u>     </u>                 | Preliminary Amendment   |
| 13. | <u>X</u>                     | Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  |
| 14. | <u>     </u>                 | a.     Small Entity Statement(s)<br>b.     Statement filed in prior application, Status still proper and desired  |
| 15. | <u>     </u>                 | Certified Copy of Priority Document(s) (if foreign priority is claimed)   |
| 16. | <u>X</u>                     | Other: <u>Copy of Postcard with Express Mail Label</u><br><u>  </u><br><u>  </u><br><u>  </u> |

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
of prior application No: \_\_\_\_\_

- 18.
- Correspondence Address**

Customer Number or Bar Code Label  
 (Insert Customer No. or Attach Bar Code Label here)

<b>X</b>	Correspondence Address Below
----------	------------------------------

NAME Darren J. Milliken 12/30/99  
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

ADDRESS 12400 Wilshire Boulevard  
Seventh Floor

CITY Los Angeles STATE California ZIP CODE 90025-1026

Country U.S.A. TELEPHONE (408) 720-8598 FAX (408) 720-9397



01-03-00

A

PTO/SB/17(6/99)

Approved for use through 09/30/2000. OMB 0651-0032

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## FEE TRANSMITTAL FOR FY 2000

TOTAL AMOUNT OF PAYMENT (\$) 1254.00

### Complete if Known:

Application No. Unassigned

Filing Date December 30, 1999

First Named Inventor Pinaki Ray

Group Art Unit Unassigned

Examiner Name Unassigned

Attorney Docket No. 03764.P002

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name \_\_\_\_\_

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check

☐ Money Order

☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
101	690	201	345	Utility application filing fee	690.00
106	310	206	155	Design application filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional application filing fee	
SUBTOTAL (1)					\$ 690.00

#### 2. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid	
Total Claims	47	- 20** =	27	X	18	=	486.00
Independent Claims	4	- 3** =	1	X	78	=	78.00
Multiple Dependent						=	

\*\*Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim, if not paid	
109	78	209	39	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$ 564.00

12/29/99

- 1 -

PTO/SB/17 (6/99)

Patent fees are subject to annual revisions. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid.

See Forms PTO/SB/09-12



**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

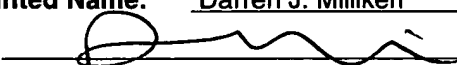
<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee</u> <u>Code</u>	<u>Fee</u> <u>(\$)</u>	<u>Fee</u> <u>Code</u>	<u>Fee</u> <u>(\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	_____
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for response within first month	_____
116	380	216	190	Extension for response within second month	_____
117	870	217	435	Extension for response within third month	_____
118	1,360	218	680	Extension for response within fourth month	_____
128	1,850	228	925	Extension for response within fifth month	_____
119	300	219	150	Notice of Appeal	_____
120	300	220	150	Filing a brief in support of an appeal	_____
121	260	221	130	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive unavoidably abandoned application	_____
141	1,210	241	605	Petition to revive unintentionally abandoned application	_____
142	1,210	242	605	Utility issue fee (or reissue)	_____
143	430	243	215	Design issue fee	_____
144	580	244	290	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	50	123	50	Petitions related to provisional applications	_____
126	240	126	240	Submission of Information Disclosure Stmt	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	_____
146	760	246	380	For filing a submission after final rejection (see 37 CFR 1.129(a))	_____
149	760	249	380	For each additional invention to be examined (see 37 CFR 1.129(a))	_____
Other fee (specify) _____					_____
Other fee (specify) _____					_____

**SUBTOTAL (3) \$** \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**

Typed or Printed Name: Darren J. Milliken

Signature  Date 12/30/99

Reg. Number 42,004 Deposit Account User ID \_\_\_\_\_  
(complete if applicable)